ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		11-29-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	12/6
FORMALITY REVIEW	BZ	JC3-883	12-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date
Final	Original	3 5 02	6 8 02	6 4 03	11 20 03						

(Claims 1–50 listed with handwritten markings)

Claim		Date
Final	Original										

(Claims 51–100)

Claim		Date
Final	Original										

(Claims 101–150)

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)